

Name  
in  
Full

Louisa Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

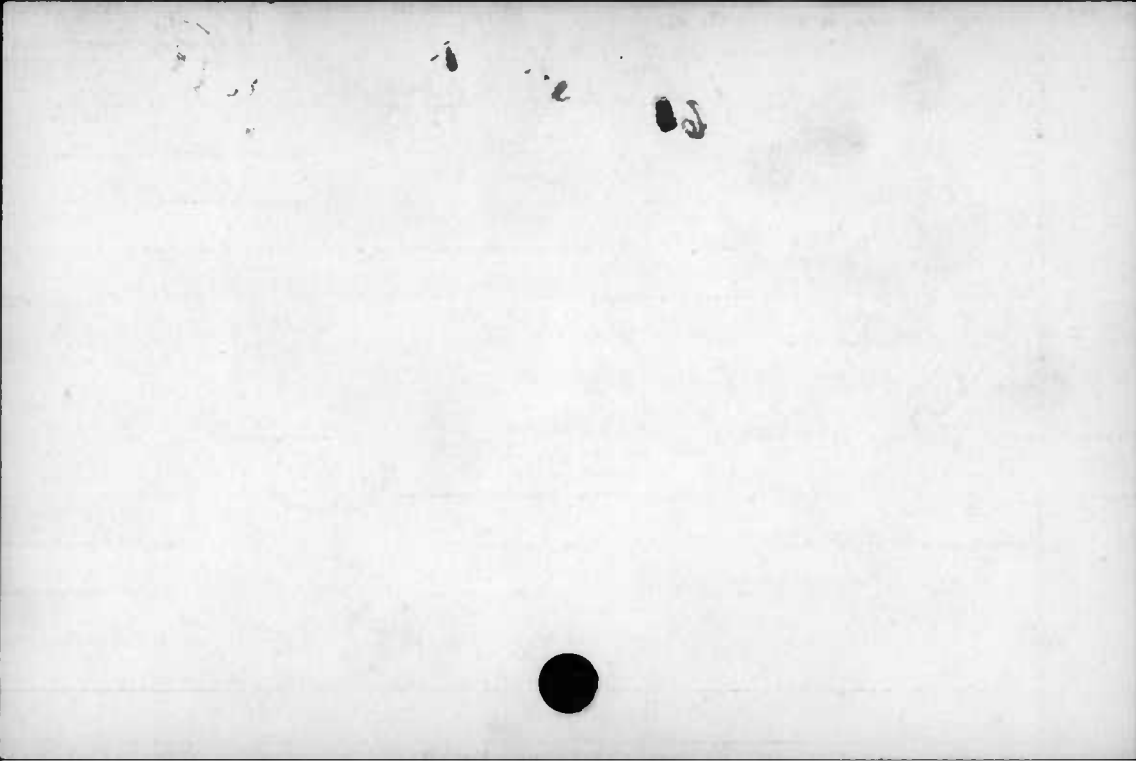
Died at <sup>Town</sup> <i>Brooklyn</i>		<sup>County</sup> <i>Anne Arundel</i>		MARYLAND	
Date of death	<i>1908</i>	<sup>Month</sup> <i>April</i>	<sup>Day</sup> <i>10</i>	<sup>Years</sup> <i>61</i>	<sup>Months</sup> <i>5</i> <sup>Days</sup> <i>12</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Balto Md</i>
Occupation	<i>House-wife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of <del>Wife or</del> Husband	<i>Frank P. Anderson</i>		
Father's Name	<i>Adam Bedel</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Not Known</i>			Mother's Birthplace	
Name of person giving information	<i>Frank P. Anderson</i>			How related to deceased	<i>Husband</i>

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Bright's Disease</i>	How long	<i>4 mrs</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Charles Brook</i>
		Address	<i>Brooklyn</i>
Accident or Suicide?			



Name  
in  
Full

Mary Anderson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Muller		County A. A.		MARYLAND	
Date of death		1908	Month Apr.	Day 7	Age 60	Years	Months Days
Sex Female		Color or Race B		Birth- place A. A. Co.			
Occupation Housewife				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband Henry Anderson		Father's Name Robt. Luzzey		Father's Birthplace A. A. Co.	
Mother's Maiden Name do not know		Mother's Birthplace		How related to deceased Son			
Name of person giving information		Fugie Johnson					

## CAUSES OF DEATH

89

PHYSICIAN  
OR CORONER

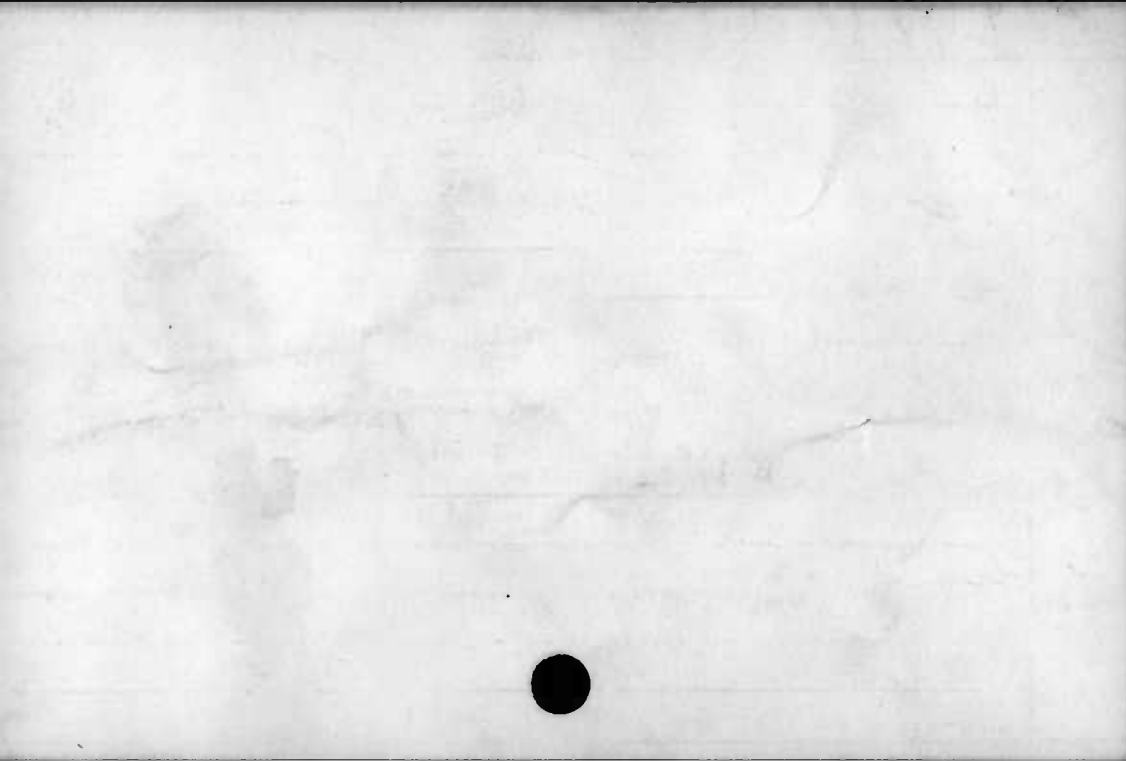
Primary	Goiter	How long	25 yrs.
Immediate	Dyspnoea	How long	one day
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		H. B. Gantt	
Address		Muller	
Accident or Suicide?			



Name in Full <b>Frances Blackson</b>		CERTIFICATE OF DEATH	
Died at <b>Annapolis</b> <sup>Town</sup>		<b>A-A-</b> <sup>County</sup>	
Date of death <b>1908</b> <sup>Month</sup> <b>April</b> <sup>Day</sup> <b>29.</b>		Age <b>5-</b> <sup>Years</sup> <b>5-</b> <sup>Months</sup> <b>-</b> <sup>Days</sup> <b>-</b>	
Sex <b>Female</b>		Color or Race <b>Colored</b>	
Occupation <b>Unknown.</b>		Birth-place <b>Annapolis Md.</b>	
Where Residing if not at place of death <b>10 Block's Street</b>			
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>unknown.</b>	
Father's Name <b>Edward Blackson</b>		Father's Birthplace <b>A.A.C. and 3rd Dist.</b>	
Mother's Maiden Name <b>Malinda Hazel</b>		Mother's Birthplace <b>A.A.C. and 3rd Dist.</b>	
Name of person giving information <b>Malinda Hazel</b>		How related to deceased <b>Mother</b>	
<div>CAUSES OF DEATH</div> <div>146</div>			
Primary <b>Rachitis</b>		How long <b>Months</b>	
Immediate <b>Exhaustion</b>		How long <b>Gradual</b>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>John Ridout</b>	
<b>yes</b>		Address <b>Annapolis Md</b>	
Accident or Suicide?			

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

James Blackston

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

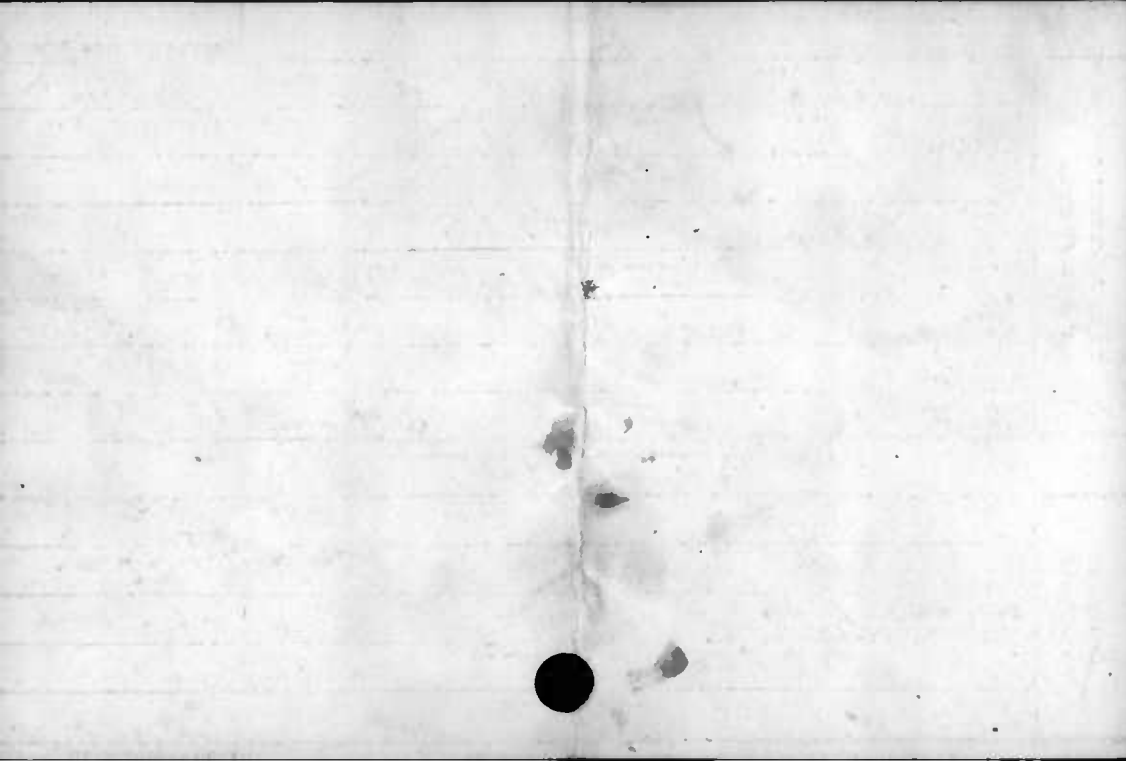
Died at <i>Annapolis Md</i>		County <i>a a co</i>		MARYLAND	
Date of death	1908	Month	April	Day	24
Age		65		Years	
Sex	male	Color or Race	Colored	Birth-place	<del>unknown</del>
Occupation	Laborer		Where Residing if not at place of death <i>96-1149 St</i>		
Married, Single or Widowed	Married	Name of Wife or Husband <i>Mertie Blackston</i>			
Father's Name	<i>James Blackston</i>			Father's Birthplace	<i>unknown</i>
Mother's Maiden Name	<i>unknown</i>			Mother's Birthplace	<i>unknown</i>
Name of person giving information	<i>James Foy</i>			How related to deceased	<i>Step Son</i>

## CAUSES OF DEATH

47

PHYSICIAN  
OR CORONER

Primary	<i>Rheumatism</i>	<i>Acute nephritis</i>	How long	<i>4 weeks</i>
Immediate	<i>Coronary atherosclerosis</i>		How long	<i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Louis B. Heubel Jr</i>	
			Address <i>Annapolis Md</i>	
Accident or Suicide?		<i>Neither</i>		





Name  
in  
Full

Minnie Ruth Bornhardt

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

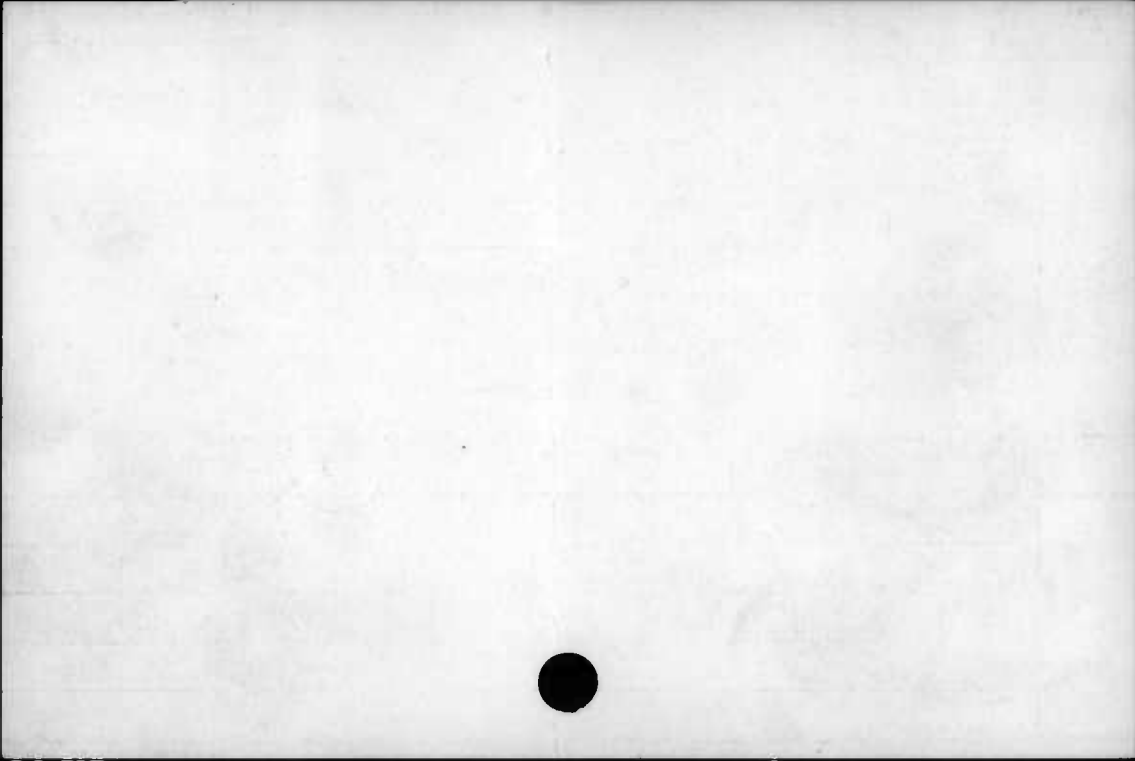
Died at		Town Ehromansville		County Anne Arundel		MARYLAND	
Date of death	1908	Month April	Day 20	Age 0	Years 0	Months 1	Days 13
Sex	Female		Color or Race	White		Birth-place	Baltimore Co.
Occupation	None			Where Residing if not at place of death		Ehromansville	
Married, Single <del>or Widowed</del>			Name of Wife or Husband None				
Father's Name George A. H. Bornhardt				Father's Birthplace N. Carolina			
Mother's Maiden Name Minnie L. Sherwood				Mother's Birthplace Maryland			
Name of person giving information Geo. A. H. Bornhardt				How related to deceased Father			

## CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary	Pertussis	How long	3 weeks
Immediate	Broncho pneumonia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Wm. R. Eareckson	
Address		Eck Ridge, Md	
Accident or Suicide?			



Name in Full		Matthew Bowil				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND		
	Date of death		Month	Day	Age	Years	Months	Days	
	1908		4	21	18	0	19		
	Sex	Male		Color or Race	Colored		Birth- place	Maryland	
	Occupation	Laborer			Where Residing if not at place of death		—		
	Married, Single or Widowed	Single		Name of Wife or Husband		—			
	Father's Name	Amos Bowil				Father's Birthplace	Maryland		
Mother's Maiden Name	May Emma Blackston				Mother's Birthplace	"			
Name of person giving In formation	Amos Bowil				How related to deceased	Father			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">27</div>									
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	one year		
	Immediate	Exhaustion				How long	—		
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	Rt. Hammond,		
	Address	[Redacted]				Jesseup,			
	Accident or Suicide?	No				Ind.			



Name in Full		Still Born Chew				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County		MARYLAND	
		Date of death		Month	Day	Years		Months
		Sex		Color or Race		Birth-place		
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		Father's Birthplace				
		Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		How related to deceased						
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary		Still Born		(S) How long		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
				Address		D. P. Reese		
		Accident or Suicide?		No		606 the draft		
				Annapolis				

Brainerd Hill

Name  
in  
Full

Carl Coffin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

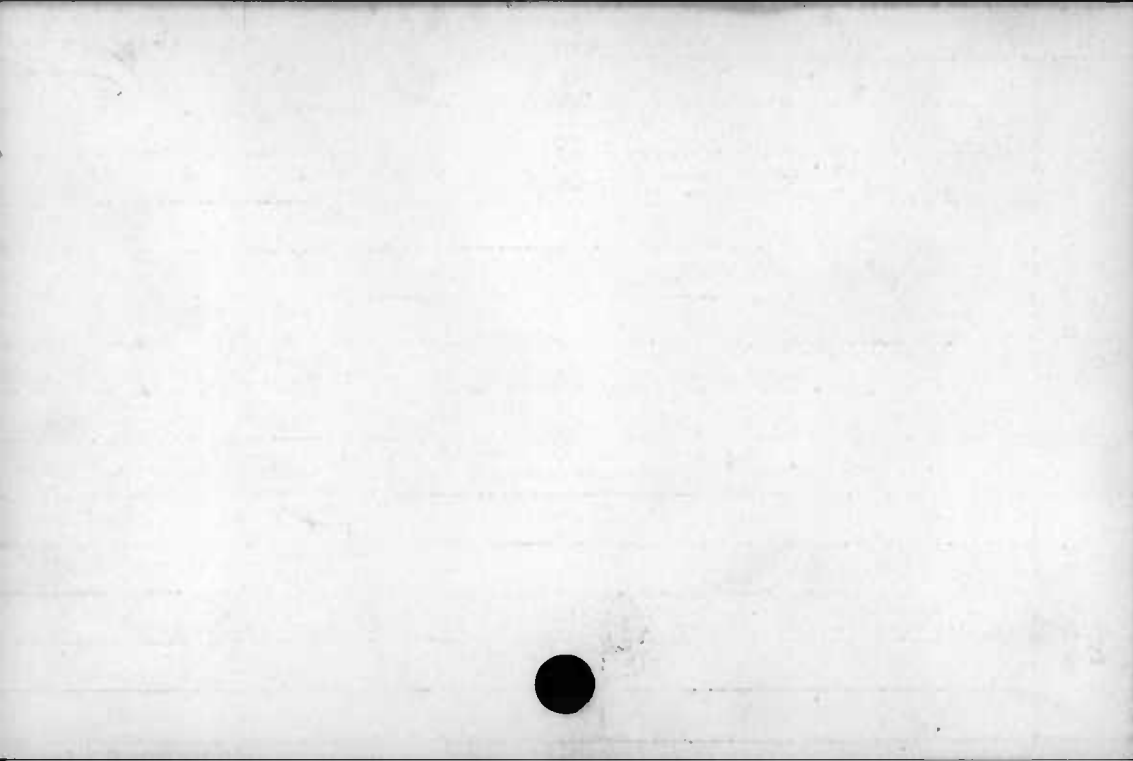
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		April	30				
Sex	Male		Color or Race	White		Birth-place	Eastport
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name		Winne Coffin				Father's Birthplace	
Mother's Maiden Name		Searcy Brewer				Mother's Birthplace	
Name of person giving information		Searcy Coffin				How related to deceased	
						North	

## CAUSES OF DEATH

S

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	





Name  
in  
Full

Elmira Davis

## CERTIFICATE OF DEATH

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NEAREST FRIEND

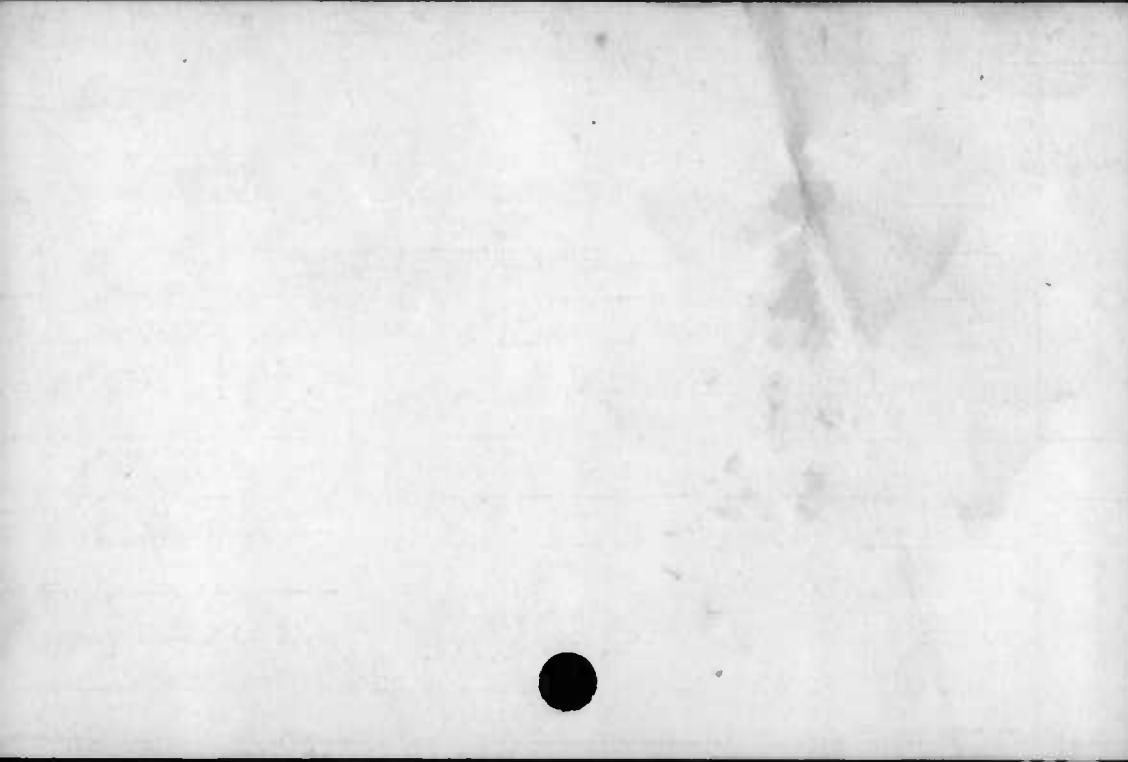
Died at		Town Severn		County Anne Arundel		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		4	5	32			
Sex		Color or Race		Birth-place			
Female		Black		North Carolina			
Occupation				Where Residing if not at place of death			
Housewife							
Married, Single or Widowed		Name of Wife or Husband					
Married		Thomas Davis					
Father's Name		Father's Birthplace					
John Johnson		Lewisburg N.C.					
Mother's Maiden Name		Mother's Birthplace					
Willa Ann Johnson		" "					
Name of person giving information		How related to deceased					
Alfred Johnson		Brother					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Acute Nephritis	How long	Three Weeks
Immediate	Uræmic Coma	How long	10 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		R. H. Hammond	
		Address	
		Jessup Md	
Accident or Suicide?			
No			



Name in Full		Emiline Freeland				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Annapolis		County Atto.		MARYLAND	
	Date of death	1908	Month April	Day 21 <sup>st</sup>	Age 65 yrs	Months	Days
	Sex	Female		Color or Race	colored		
	Occupation	Housewife		Birth-place	Atto. Md		
	Where Residing if not at place of death						
	Married, Single or Widowed	Name of <del>Wife</del> or Husband		David Freeland			
	Father's Name	Unknown		Father's Birthplace	Atto.		
	Mother's Maiden Name	Unknown		Mother's Birthplace	Atto.		
Name of person giving information	Daughter		How related to deceased				
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">79</div>							
PHYSICIAN OR CORONER	Primary	Valvular Disease				How long	Several months
	Immediate	of the Heart				How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Yes				Address		
Accident or Suicide?				John Ridout Annapolis Md			



Name in Full <b>Charles Frye</b>		Town <b>Annapolis</b>		County <b>A.A. Co.</b>		CERTIFICATE OF DEATH	
Died at <b>Annapolis</b>		Date of death <b>1908</b>		Age <b>35</b>		MAYLAND	
Month <b>Apr</b>		Day <b>28</b>		Years <b>35</b>		Months <b>11</b>	
Sex <b>Male</b>		Color or Race <b>Colored</b>		Birth-place <b>Annapolis</b>		Days <b>28</b>	
Occupation <b>Porter</b>		Where Residing if not at place of death <b>22 Washington St</b>					
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>Unknown</b>					
Father's Name <b>Thomas Frye</b>		Father's Birthplace <b>Annapolis</b>					
Mother's Maiden Name <b>Mary Harris</b>		Mother's Birthplace <b>Annapolis</b>					
Name of person giving information <b>Mary Harris</b>		How related to deceased <b>Mother</b>					
TO BE ANSWERED BY NEAREST FRIEND		CAUSES OF DEATH					
Primary <b>Pneumonia</b>		How long <b>93</b>					
Immediate <b>Heart Failure</b>		How long <b>2 days</b>					
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>P. P. T. T. T.</b>		Address <b>600 Chestnut St</b>			
Accident or Suicide? <b>No</b>		Address <b>Annapolis</b>					
PHYSICIAN OR CORONER							

askew

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

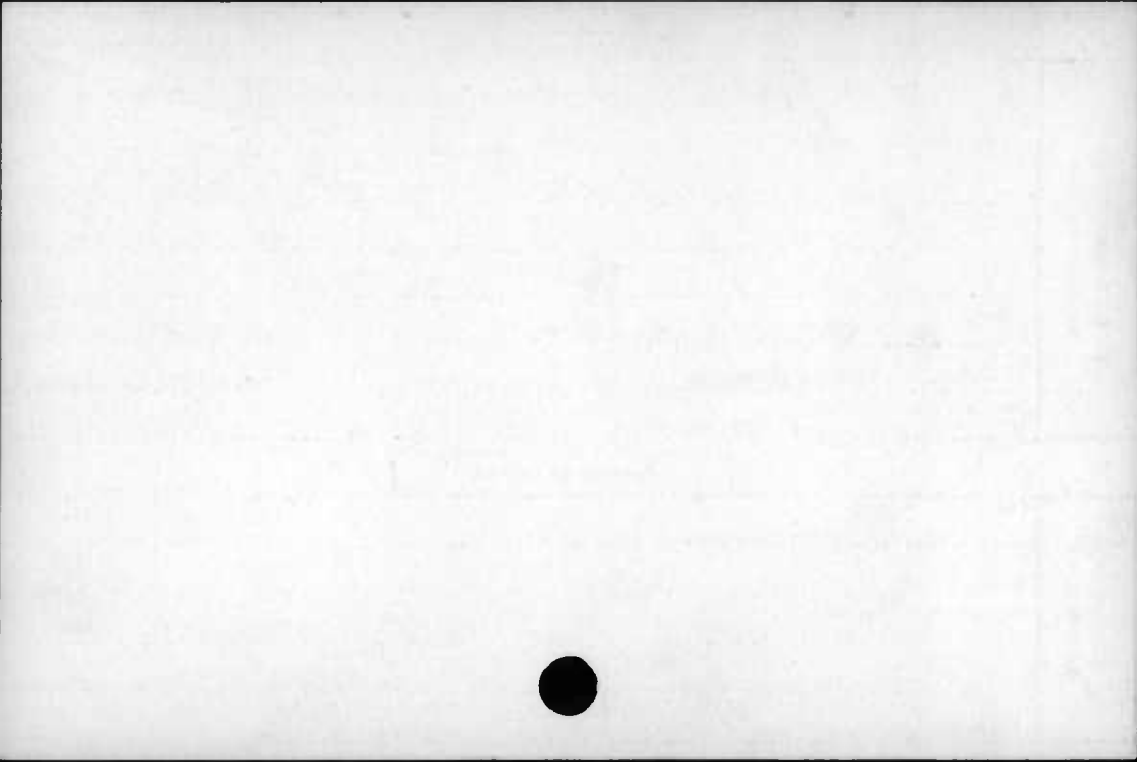
Died at <i>South Baltimore</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>April</i>	Day <i>26</i>	Age <i>34</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Beg</i>		
Occupation <i>House wife</i>	Where Residing if not at place of death <i>South Baltimore</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Wm Griffin</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Wm Griffin</i>	How related to deceased <i>husband</i>				

## CAUSES OF DEATH

176

PHYSICIAN  
OR CORONER

Primary <i>Pistol Shot wounds</i>	How long <i>immediate</i>
Immediate <i>Murder</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm H. Schuchman</i>
	Address <i>Wm H. Schuchman / South Baltimore Md</i>
Accident or Suicide? <i>Murder</i>	





Name  
in  
Full

Mrs. Mary W. Guieuot.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

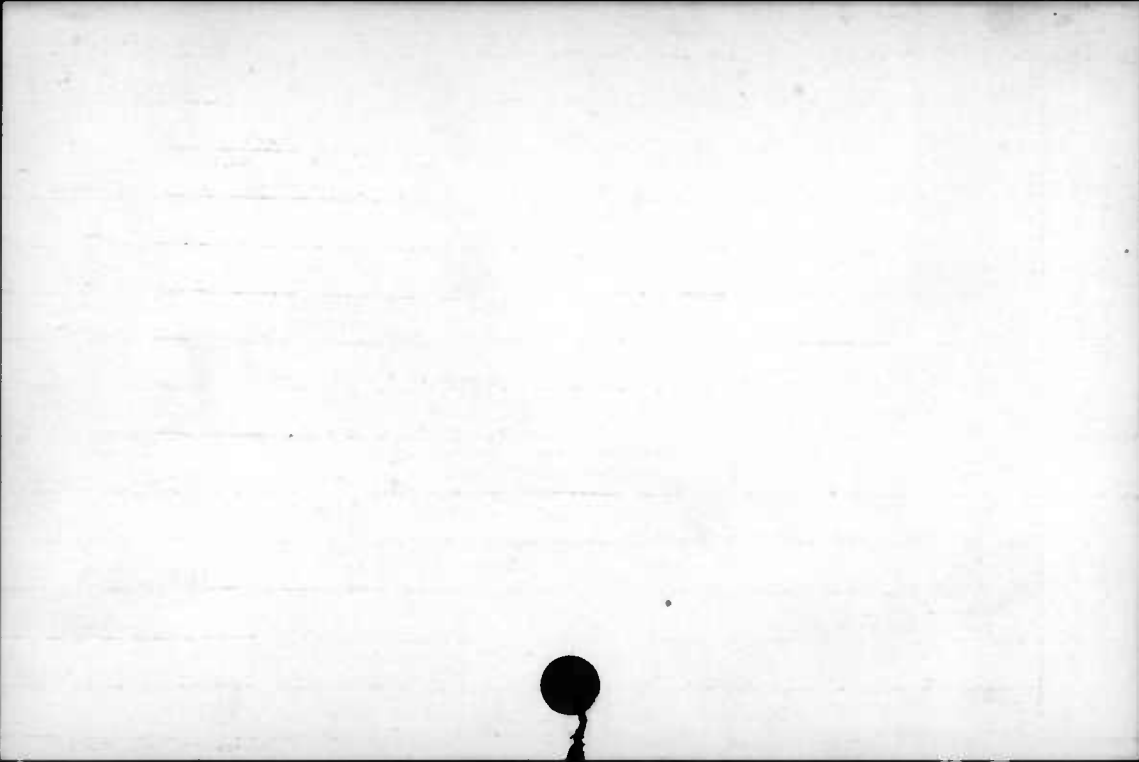
Died at <i>Annapolis,</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1908	Month	April	Day	22
Age	6	Years	4	Months	10
Sex	Female	Color or Race	White	Birth-place	Paris, France
Occupation	Housewife		Where Residing if not at place of death <i>Annapolis, Md.</i>		
Married, Single or Widowed	Married	Name of Wife or Husband	<i>Louis F. Guieuot.</i>		
Father's Name	<i>George S. Busch</i>			Father's Birthplace	<i>Hausen, Germany.</i>
Mother's Maiden Name	<i><del>Sophia</del> Unknown</i>			Mother's Birthplace	<i>Belgium, France</i>
Name of person giving information	<i>Sicilian E. Goetz</i>			How related to deceased	<i>daughter.</i>

## CAUSES OF DEATH

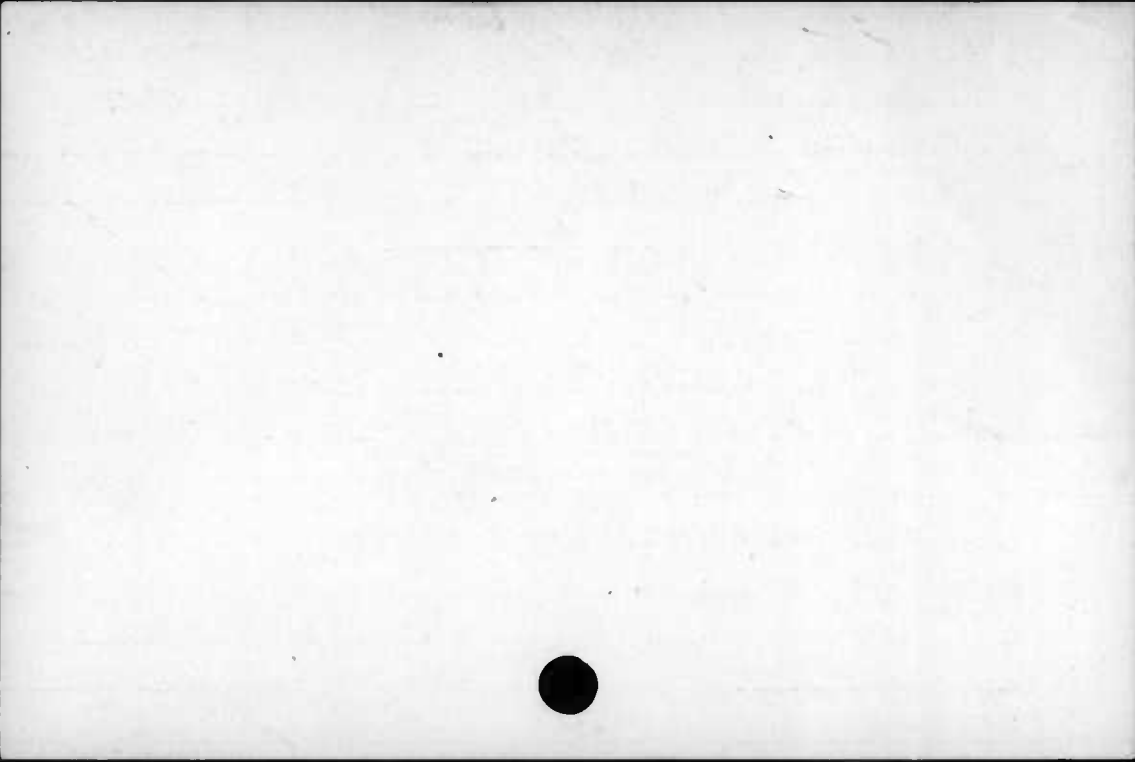
42

PHYSICIAN  
OR CORONER

Primary	<i>Carcinoma of Uterus.</i>	How long	<i>2 years.</i>
Immediate	<i>Exhaustion</i>	How long	<i>one month.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Louis B. Heubel Jr</i>
		Address	<i>Annapolis, Md.</i>
Accident or Suicide?	<i>Neither</i>		



Name in Full		Cornelia Handy				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		Sex		Color or Race		Birth-place		
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		Father's Birthplace				
		Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		How related to deceased						
		CAUSES OF DEATH		120				
PHYSICIAN OR CORONER		Primary		Chronic Interstitial Nephritis. ?				
		Immediate		Uraemic Coma, Heart failure. 72 Hours				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		
		Accident or Suicide?						



Name in Full		James C B Hawes				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Davidsonville		A A Co				
	Date of death		1908	Month	April	Day	19
	Age		Years		Months		Days
	Sex		Male		Color or Race		White
	Occupation		None		Birth-place		A A Co
	Where Residing if not at place of death						
TO BE ANSWERED BY NEAREST FRIEND	Married, Single or Widowed		Single		Name of Wife or Husband		None
	Father's Name		John Hawes		Father's Birthplace		A A Co
	Mother's Maiden Name		Flannce Ward		Mother's Birthplace		A A Co
	Name of person giving information		John Hawes		How related to deceased		Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Typhoid Fever				How long
	Immediate						How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		B R Davidson		
	Address		Davidsonville				
	Accident or Suicide?						



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hammans</i> Town			<i>Anne Arnold</i> County			MARYLAND	
Date of death	1908	Month	April	Day	25	Age	3
Sex	Female	Color or Race	Colored	Birth-place	Hammans Md		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>			Name of Wife or Husband			
Father's Name	<i>More H. Hebron</i>			Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name	<i>Agnes Keys</i>			Mother's Birthplace <i>Maryland</i>			
Name of person giving information	<i>Julius Keys</i>			How related to deceased <i>Grandfather</i>			

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	
Immediate		How long	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>L. H. E. Hailup</i>
		Address	<i>Annapolis Junction Md</i>
Accident or Suicide?	<i>no</i>		





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>August V. Ruhland Silditch</i>		Town <i>Sulphur Springs</i>		County <i>Anne Arundel</i>		MAYLAND					
Died at <i>Sulphur Springs</i>		Month <i>April</i>		Day <i>12</i>		Years <i>9</i>		Months <i>4</i>		Days <i>6</i>	
Date of death <i>1908</i>		Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>Maryland</i>					
Occupation <i>School boy</i>				Where Residing if not at place of death _____							
Married, Single or Widowed <i>single</i>		Name of Wife or Husband _____									
Father's Name <i>Charles H Silditch</i>		Father's Birthplace <i>Baltimore</i>									
Mother's Maiden Name <i>Nettie Reynolds</i>		Mother's Birthplace <i>" "</i>									
Name of person giving In formation <i>C H Silditch</i>		How related to deceased <i>Father</i>									

## CAUSES OF DEATH

175

PHYSICIAN  
OR CORONER

Primary <i>Auto intoxication</i>		How long _____	
Immediate <i>Stomach poisoning</i>		How long <i>Five hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>O. H. McNeeney M.D.</i>	
Address <i>Odenton</i>		Address <i>Maryland</i>	
Accident or Suicide? <i>no</i>			



Name  
in  
Full

Alexander Honey

CERTIFICATE OF DEATH

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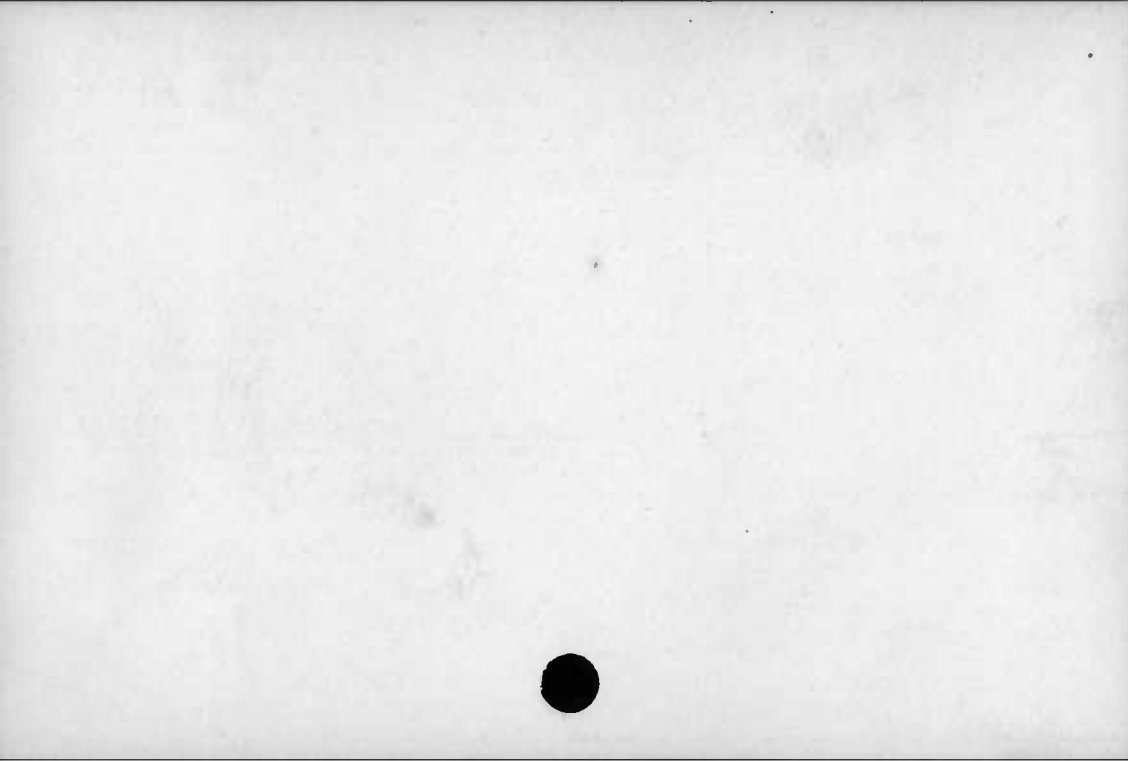
Died at <u>3rd distric</u> <sup>Town</sup>		<u>Anne Arundel Co</u> <sup>County</sup>		MARYLAND	
Date of death	1908	Month	Apr.	Day	12
Age	9	Years		Months	3
Sex	Male	Color or Race	Colored	Birth-place	Anne Arundel Co. Md.
Occupation	School boy	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	James Honey	Father's Birthplace <u>A.A. Co 3rd dist</u>			
Mother's Maiden Name	Catherine Honey	Mother's Birthplace <u>A.A. Co 3rd dist</u>			
Name of person giving information	James Honey	How related to deceased <u>Father</u>			

CAUSES OF DEATH

34

PHYSICIAN  
OR CORONER

Primary	<u>General Tuberculosis</u>	How long	<u>5 months</u>
Immediate	<u>Pneumonia</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	<u>D. P. Keene</u>
		Address	<u>60 Cathedral St</u> <u>Annapolis Md</u>
Accident or Suicide?	no		



Name  
in  
Full

Levon Hurn

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Brooklyn		County au		MARYLAND	
Date of death		Month 4		Day 18		Age 49	
Sex male		Color or Race col		Birth- place md		Months Days	
Occupation Lab		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Don't Know		Father's Birthplace			
Mother's Maiden Name		Don't Know		Mother's Birthplace			
Name of person giving In formation		Mary L Young		How related to deceased		wife	

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary Bright Disease

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Chas H Brooke  
Brooklyn

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

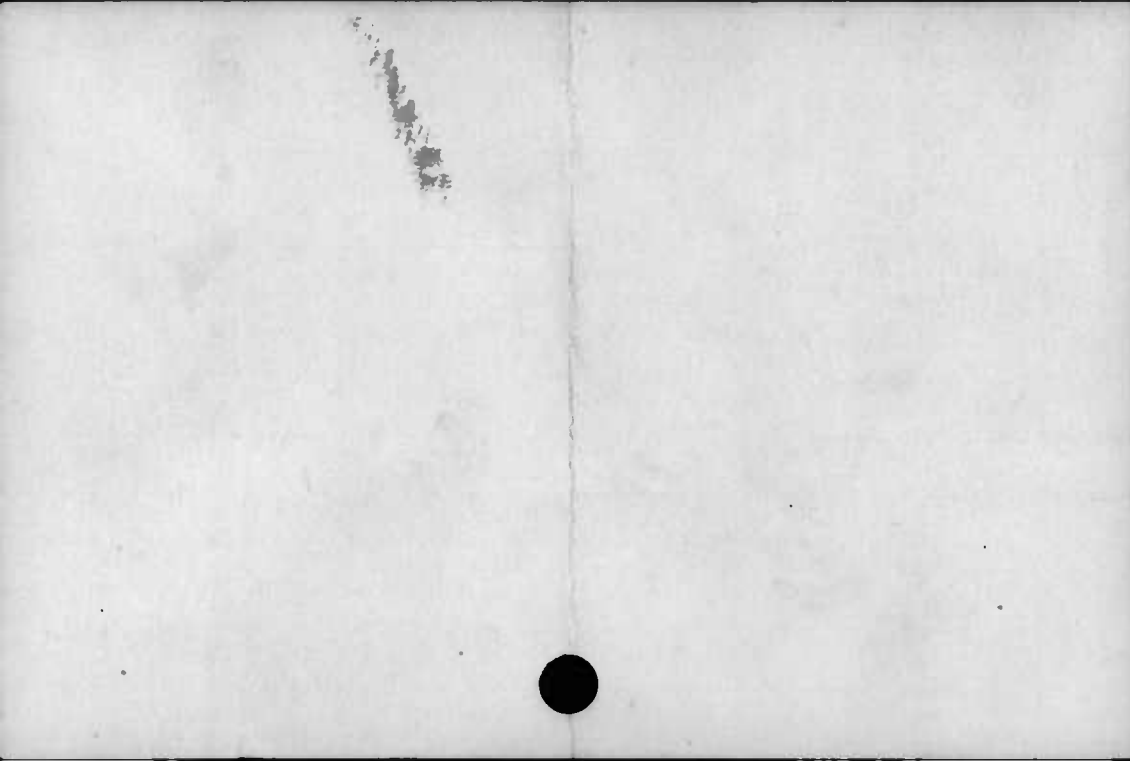
Name <i>Regie Johnson</i>		Town <i>near Woodwardville</i>		County <i>A. A. M.</i>							
Died <i>at</i>		Month <i>April</i>		Day <i>29</i>		Years <i>15</i>		Months		Days	
Date of death <i>1908</i>		Month <i>April</i>		Day <i>29</i>		Age <i>15</i>		Birth-place <i>A. A. Co. M.</i>			
Sex <i>Male</i>		Color or Race <i>Black</i>		Occupation <i>School boy</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband									
Father's Name <i>James Johnson</i>		Father's Birthplace <i>A. A. Co. M.</i>									
Mother's Maiden Name <i>Nannie Anderson</i>		Mother's Birthplace <i>" " "</i>									
Name of person giving information <i>James Johnson</i>		How related to deceased <i>Father</i>									

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>		How long <i>Several</i>	
Immediate		How long <i>Months</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Sam H. Anderson M.D.</i>	
		Address <i>Woodwardville M.D.</i>	
Accident or Suicide?			

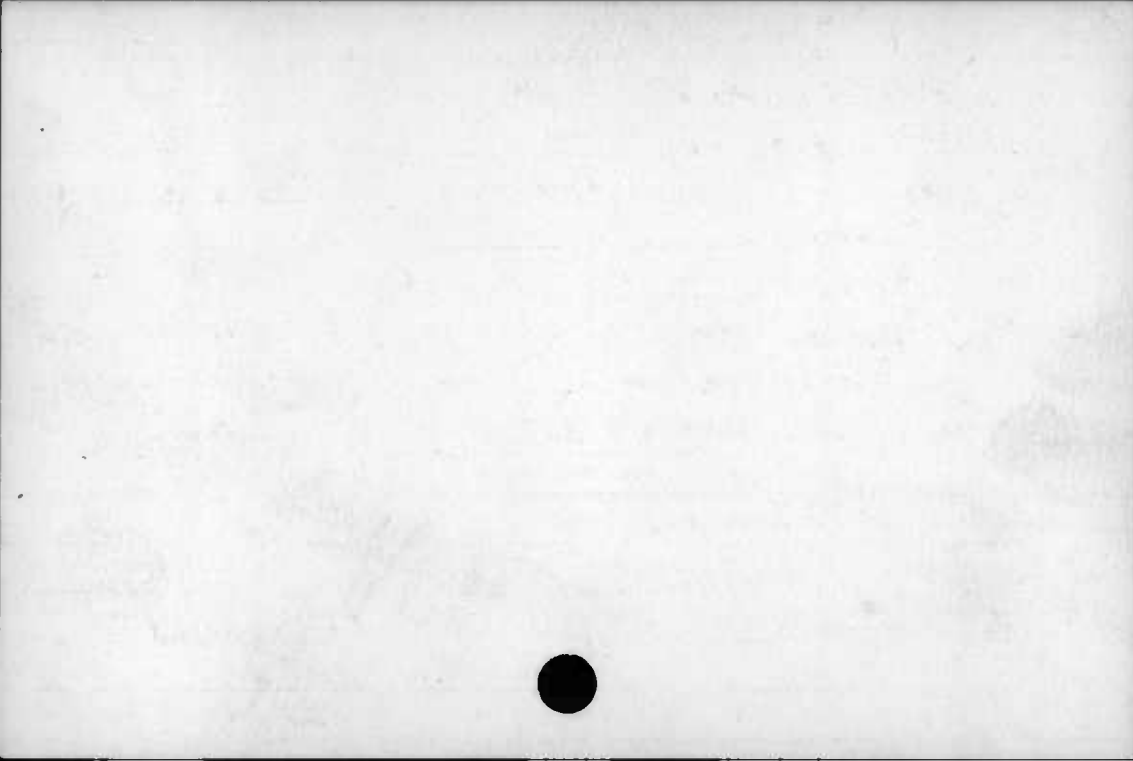




Name in Full		Charles William Jones				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		TOWN Severn		County Anne Arundel		MARYLAND		
	Date of death		1908	Month April	Day 5	Age	Years	Months	Days 26
	Sex		Male		Color or Race		White		Birth-place
	Occupation				Where Residing if not at place of death				
	Married, Single or Widowed		Single		Name of Wife or Husband				
	Father's Name		Edward Jones		Father's Birthplace		Maryland		
	Mother's Maiden Name		Daisy H. Jackson		Mother's Birthplace		Maryland		
Name of person giving information		Edward Jones		How related to deceased		Father			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">108</div>									
PHYSICIAN OR CORONER	Primary		Strangulation of Colon				How long		48 hours
	Immediate						How long		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		R. A. Hammond		
					Address		Severn Ind.		
Accident or Suicide?		No							



Name in Full		Isabel Martin				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County			
		Died at		Shedden		A. S.			
		Date of death		1908	Month	April	Day	25	
		Age		55	Years		Months		
		Sex		Male	Color or Race		Colored	Birth-place	South Carolina
		Occupation		Laborer		Where Residing if not at place of death			
		Married, Single or Widowed		Married		Name of Wife or Husband		Rachel Harris	
Father's Name		Not known		Father's Birthplace		Unknown			
Mother's Maiden Name		Not known		Mother's Birthplace		Unknown			
Name of person giving information		Samuel R. Gilbert		How related to deceased		Neighbor			
<div style="border: 1px solid black; padding: 5px; display: inline-block;">CAUSES OF DEATH</div> <div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block; margin-left: 10px;">27</div>									
PHYSICIAN OR CORONER		Primary		Tuberculosis		How long		Six months	
		Immediate		Exhaustion		How long		2 days	
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. S. Ridout	
				Address		Annapolis Md.			
		Accident or Suicide?						R. H. S. Dec 1	



Name  
in  
Full

Carroll Melvin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Towson</u> Town		<u>Anne Arundel</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>April</u>	Day <u>28</u>	Age <u>19</u>	Years	Months
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Balto Md</u>			
Occupation <u>Clerk</u>	Where Residing if not at place of death <u>Balto City</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>Wm H Melvin</u>	Father's Birthplace <u>Balto</u>				
Mother's Maiden Name <u>Sally Stallings</u>	Mother's Birthplace <u>Balto</u>				
Name of person giving information <u>Marion Bollogg</u>	How related to deceased <u>Uncle</u>				

CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

Primary	<u>Growning</u>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr Thos H Brown</u>	
	Address <u>South Balto</u>	
Accident or Suicide? <u>accident</u>	<u>AK to Md</u>	



Name  
in  
Full

CERTIFICATE OF DEATH

*Peter Mikalafunas*

Died at *South Balto* <sup>Town</sup> *Anne Arundel* <sup>County</sup> **MARYLAND**

Date of death *1908* <sup>Year</sup> *April* <sup>Month</sup> *10* <sup>Day</sup> Age *not known* <sup>Years</sup> *not known* <sup>Months</sup> *not known* <sup>Days</sup>

Sex *Male* Color or Race *White* Birth-place *Russia*

Occupation *Carpenter* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Insala*

Father's Name *not known* Father's Birthplace *not known*

Mother's Maiden Name *not known* Mother's Birthplace *" "*

Name of person giving information *Alia Mikalafunas* How related to deceased *Daughter*

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

176

Primary *Gun shot wounds* How long

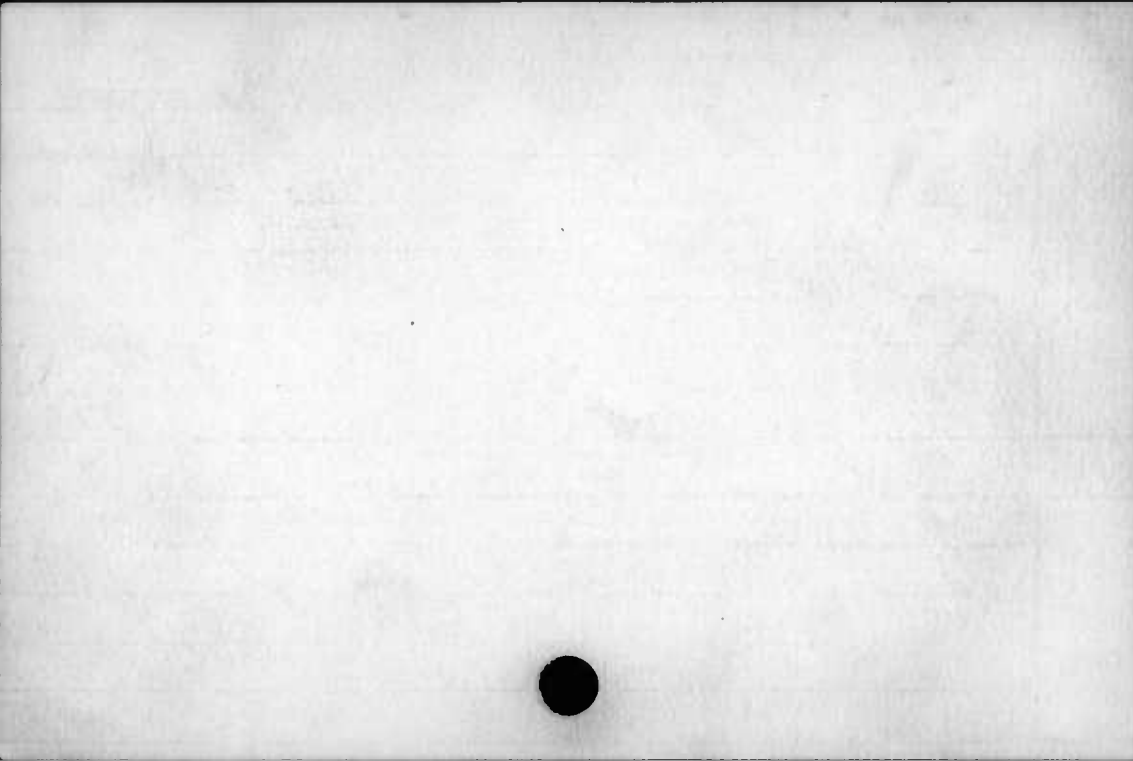
Immediate *"* *"* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *W. Blischet* Address

Accident or Suicide? *Murder*

PHYSICIAN  
OR CORONER





Name in Full <b>Daniel Stanley O'Reardon</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Annapolis Md</b> <small>Town</small> <b>Anne Arundel</b> <small>County</small>	MARYLAND	
	Date of death <b>1908</b> <small>Month</small> <b>April</b> <small>Day</small> <b>9</b> <small>Years</small> <b>25</b> <small>Months</small> <b>10</b> <small>Days</small> <b>—</b>		
	Sex <b>Male</b> <small>Color or Race</small> <b>White</b> <small>Birth-place</small> <b>Sacramento Cal.</b>		
	Occupation <b>Clerk</b> <small>Where Residing if not at place of death</small> <b>83 Market St</b>		
	Married, Single or Widowed <b>Single</b> <small>Name of Wife or Husband</small> <b>—</b>		
	Father's Name <b>Daniel O'Reardon</b> <small>Father's Birthplace</small> <b>London Eng.</b>		
	Mother's Maiden Name <b>Gertrude Stevens</b> <small>Mother's Birthplace</small> <b>Lowell Mass.</b>		
Name of person giving information <b>Abie O'Reardon</b> <small>How related to deceased</small> <b>Sister</b>			
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Rubella Hemorrhagica</b> <small>How long</small> <b>1 week</b>		
	Immediate <b>Ac. Lymphomatous</b> <small>How long</small> <b>2 days</b>		
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>J. Murphy</b>	
	<b>2</b>	Address <b>Annapolis Md</b>	
	Accident or Suicide?		



Name  
in  
Full

Cathel - V.

Queen (Queen)

## CERTIFICATE OF DEATH

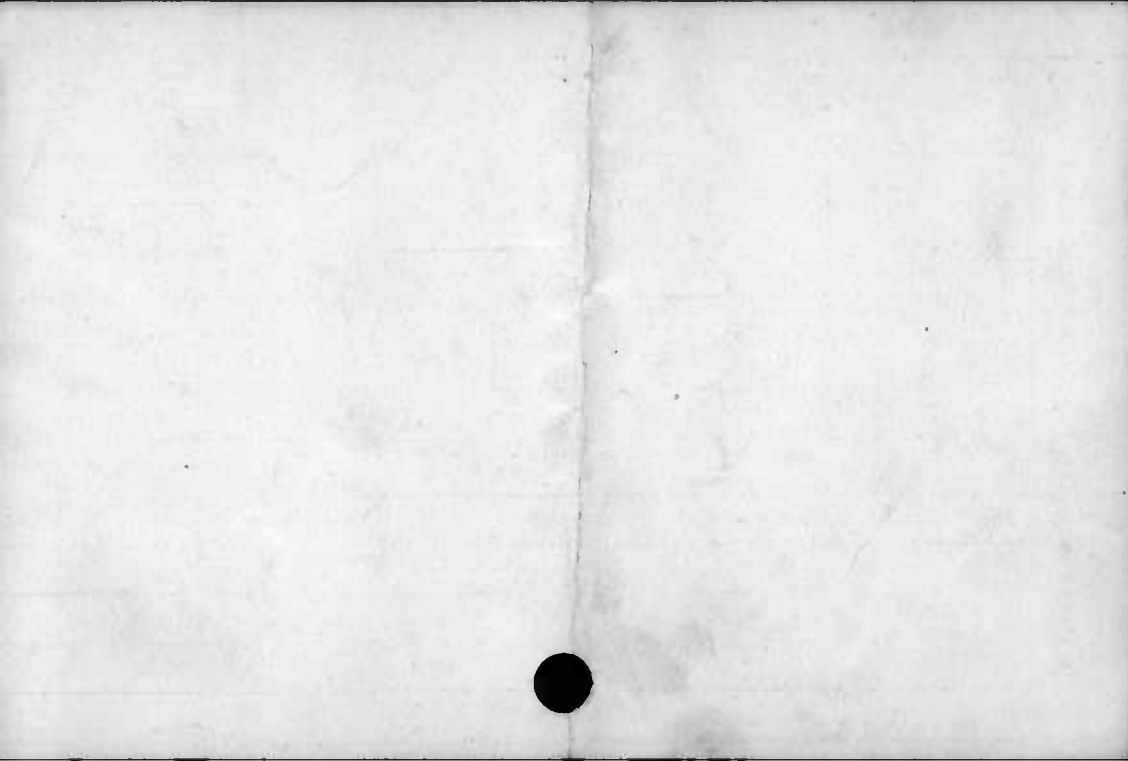
Died at <i>Annapolis md</i>		County <i>a. a. co.</i>		MARYLAND	
Date of death	1908	Month	April	Day	17
Age	3	Years		Months	9
Sex	female	Color or Race	Colored	Birth-place	Annapolis md
Occupation	—			Where Residing if not at place of death	
Married, Single or Widowed			Name of Wife or Husband		
single			—		
Father's Name			Father's Birthplace		
Steven Queen			Annapolis md		
Mother's Maiden Name			Mother's Birthplace		
Annis - C. Parker			Annapolis md		
Name of person giving information			How related to deceased		
Steven Queen			Father		

## CAUSES OF DEATH

92

Primary	Broncho-Pneumonia	How long	4 weeks
Immediate	Complications	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	R. P. Reese
		Address	600 E. 1st St Annapolis md
Accident or Suicide?	no		

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St. Margaret</i> Town <i>A.A.</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Apr</i>	Day <i>4</i>	Age <i>54</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>A. A. M. Co.</i>	Months
Occupation <i>Labourer</i>	Where Residing <i>at home</i>		
Married, <del>Single</del> <del>or Widowed</del>	Name of Wife or Husband <i>Margaret J. Sharp</i>		
Father's Name <i>Not known</i>	Father's Birthplace <i>A. A. M. Co.</i>		
Mother's Maiden Name <i>Not known</i>	Mother's Birthplace <i>A. A. M. Co.</i>		
Name of person giving information <i>Ben. Johnson</i>	How related to deceased <i>Son</i>		

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Cranic Borel's lesion</i>	How long <i>3 years</i>
Immediate <i>Heart Failure</i>	How long <i>10 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. D. Dickson</i>
Accident or Suicide?	Address <i>Annapolis Md.</i>
	<i>L. H. S. No 1</i>



Name  
in  
Full

James Edward Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

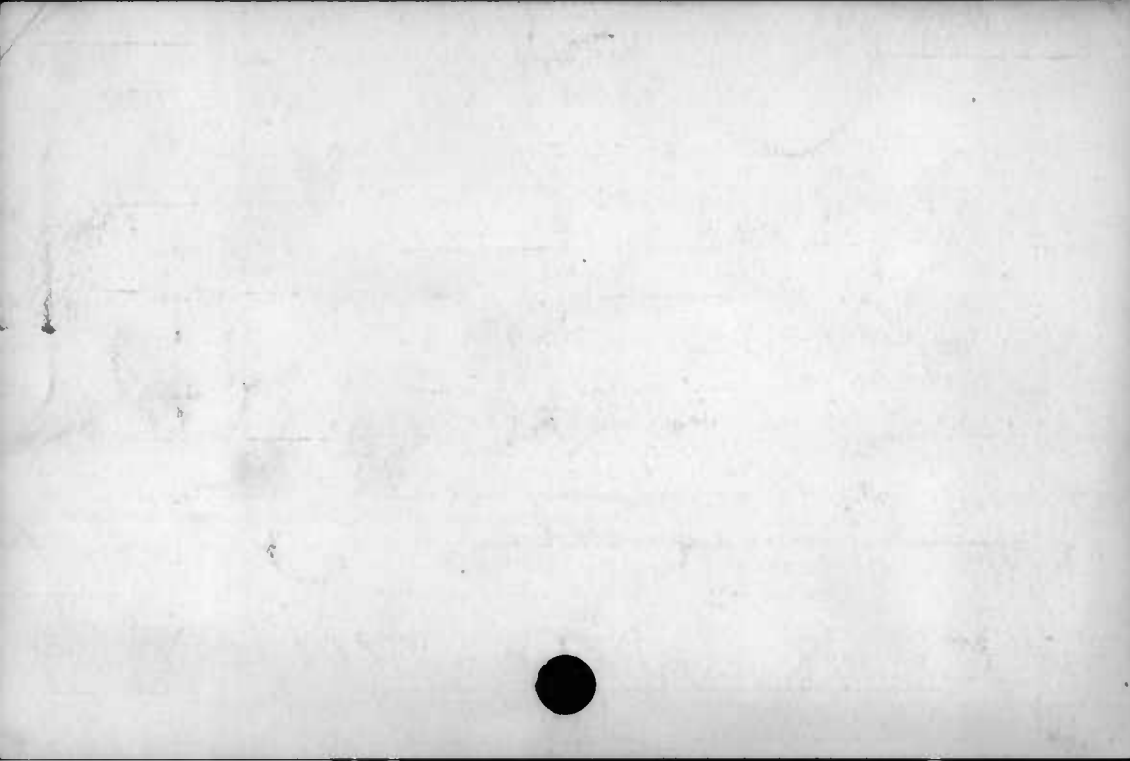
Died at <i>Annapolis</i>		Town		<i>A-A-</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>April</i>	Day <i>4</i>	Age <i>-</i>	Years <i>-</i>	Months <i>-</i>	Days <i>2</i>			
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>						
Occupation <i>unknown</i>	Where Residing if not at place of death <i>20 Monument St.</i>								
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>unknown</i>								
Father's Name <i>James Ernest Smith</i>	Father's Birthplace <i>Annapolis Md</i>								
Mother's Maiden Name <i>Catherine Brown</i>	Mother's Birthplace <i>Annapolis</i>								
Name of person giving information <i>James Ernest Smith</i>	How related to deceased <i>Brother</i>								

## CAUSES OF DEATH

157

PHYSICIAN  
OR CORONER

Primary <i>Constitutional Debility</i>	How long <i>2 days</i>
Immediate <i>Exhaustion</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. D. T. [illegible]</i>
<i>Yes</i>	Address <i>50 Calhoun St. Annapolis</i>
Accident or Suicide? <i>no</i>	





WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Copy

**STATE OF MARYLAND**  
**CERTIFICATE OF DEATH**

Registration Dist. No. 23

<sup>1</sup> PLACE OF DEATH  
County Anne Arundel

Village or City near Brooke, No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

<sup>2</sup> FULL NAME William H Sumak

---

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED OR DIVORCED married  
(Write the word)

6 DATE OF BIRTH \_\_\_\_\_, \_\_\_\_\_, 19\_\_\_\_  
(Month) (Day) (Year)

7 AGE 58 yrs. 2 mos. 9 da. or \_\_\_\_\_ min. ?  
If LESS than 1 day.... hrs.

8 OCCUPATION  
(a) Trade, profession or particular kind of work \_\_\_\_\_  
(b) General nature of industry business, or establishment in which employed or (employer) \_\_\_\_\_

9 BIRTHPLACE (State or country) \_\_\_\_\_

**PARENTS**

10 NAME OF FATHER \_\_\_\_\_

11 BIRTHPLACE OF FATHER (State or country) \_\_\_\_\_

12 MAIDEN NAME OF MOTHER \_\_\_\_\_

13 BIRTHPLACE OF MOTHER (State or country) \_\_\_\_\_

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) \_\_\_\_\_  
(Address) \_\_\_\_\_

15 Filed April 14 1908 Thomas H. Buppard Registrar

---

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH April 13, 1908  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH was as follows:  
Interlobular of lungs  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

Contributory \_\_\_\_\_  
Secondary \_\_\_\_\_

(Signed) Thomas H. Buppard M. D.  
April 14, 1908 (Address) Bladensburg  
\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. In the State, \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

Where was disease contracted, if not at place of death? \_\_\_\_\_  
Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Holy Cross Cemetery DATE OF BURIAL April 15, 1908

20 UNDERTAKER James Smith ADDRESS Balti.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

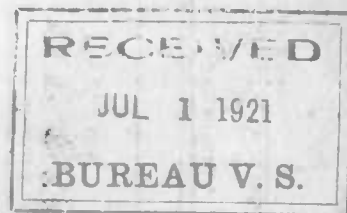
(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary firemen*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as: *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonacum*, etc., *Carcinoma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

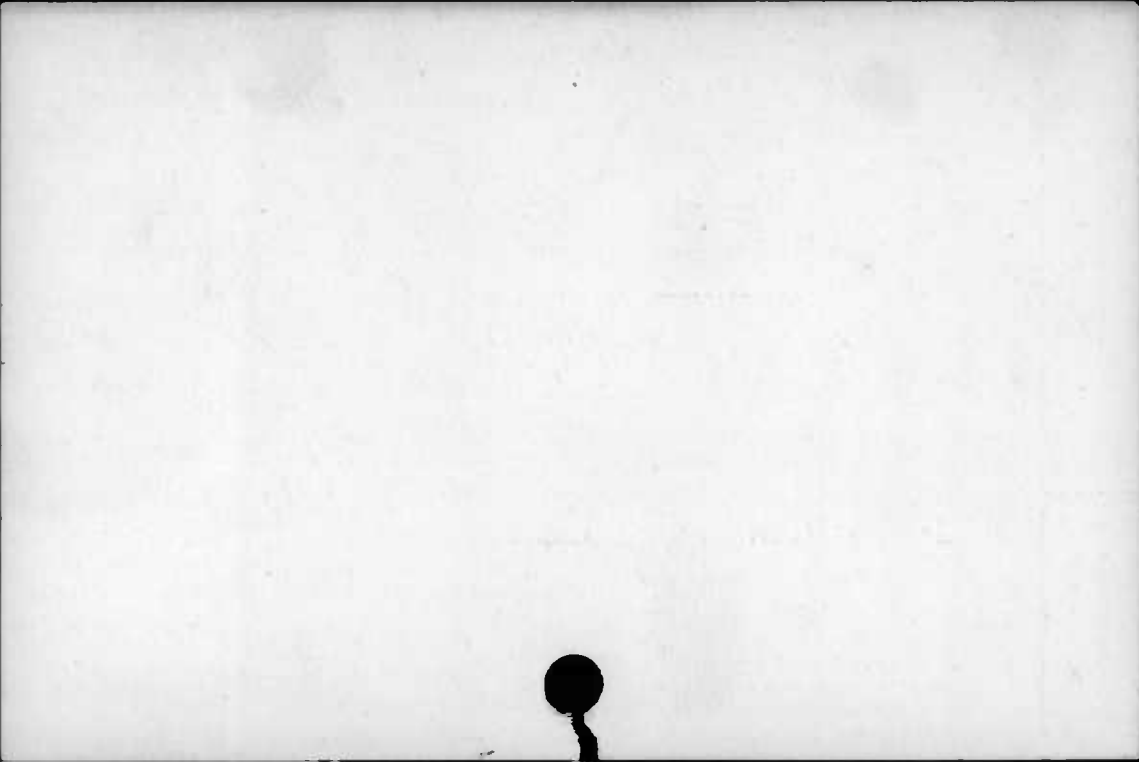
Name in Full <i>James A. Spencer</i>		Town <i>Marley</i>		County <i>3rd dist. Anne Arundel Co</i>		State <i>MARYLAND</i>	
Died at <i>Marley</i>		Month <i>April</i>		Day <i>19</i>		Years <i>About 58 years</i>	
Date of death <i>1908 April 19</i>		Month <i>April</i>		Day <i>19</i>		Years <i>About 58 years</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Anne Arundel Co.</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Laura Richards</i>					
Father's Name <i>James Spencer</i>				Father's Birthplace <i>Anne Arundel Co.</i>			
Mother's Maiden Name <i>Harriett Shott</i>				Mother's Birthplace <i>Anne Arundel Co.</i>			
Name of person giving information <i>Howard Spencer</i>				How related to deceased <i>Son.</i>			

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Lobar Pneumonia</i>	How long <i>5 days</i>
Immediate <i>Heart failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James S. Bellingsley</i>
	Address <i>Oranga</i>
Accident or Suicide? <i>No</i>	<i>md</i>



Name  
in  
Full

Mary Adele Thomas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Willhams</u> Town		<u>Anne</u> County		MARYLAND	
Date of death <u>1908</u> Month <u>April</u> Day <u>22</u>		Age <u>0</u> Years		Months <u>2</u>	Days <u>21</u>
Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>Willham Md</u>	
Occupation <u>None</u>		Where Residing if not at place of death <u>Willham St Coll</u>			
Married, Single or <u>Widowed</u>		Name of Wife or Husband <u>None</u>			
Father's Name <u>Paul Thomas</u>		Father's Birthplace <u>Acco Md</u>			
Mother's Maiden Name <u>Lavinia Parker</u>		Mother's Birthplace <u>Willham Md</u>			
Name of person giving information <u>Paul Thomas</u>		How related to deceased <u>Father</u>			

## CAUSES OF DEATH

54

PHYSICIAN  
OR CORONER

Primary <u>Anemia</u>	How long <u>2 mo</u>
Immediate <u>Transition</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>C R Winkhouse</u>
	Address <u>Panover Md</u>
Accident or Suicide?	



Name  
in  
Full

*Jm H Thomas*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fairfield</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i>	Month <i>April</i>	Day <i>29</i>	Age <i>38</i>	Years <i>9</i> Months <i>9</i> Days <i>9</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ma</i>			
Occupation <i>Engineer</i>	Where Residing if not at place of death <i>Balto</i>				
Married, Single or <del>Widow</del>	Name of Wife or Husband <i>Mary Thomas</i>				
Father's Name <i>Mr B Thomas</i>	Father's Birthplace <i>not known</i>				
Mother's Maiden Name <i>not known</i>	Mother's Birthplace <i>not known</i>				
Name of person giving information <i>Capt Walter Woolford</i>	How related to deceased <i>none</i>				

CAUSES OF DEATH

**172**

PHYSICIAN  
OR CORONER

Primary <i>Drowning</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm G Birchard Corner</i>
	Address <i>South Balt</i>
Accident or Suicide? <i>Accident</i>	<i>AG Co Md</i>

Oak Lawn Cemetery  
H. Sande House



Name

in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

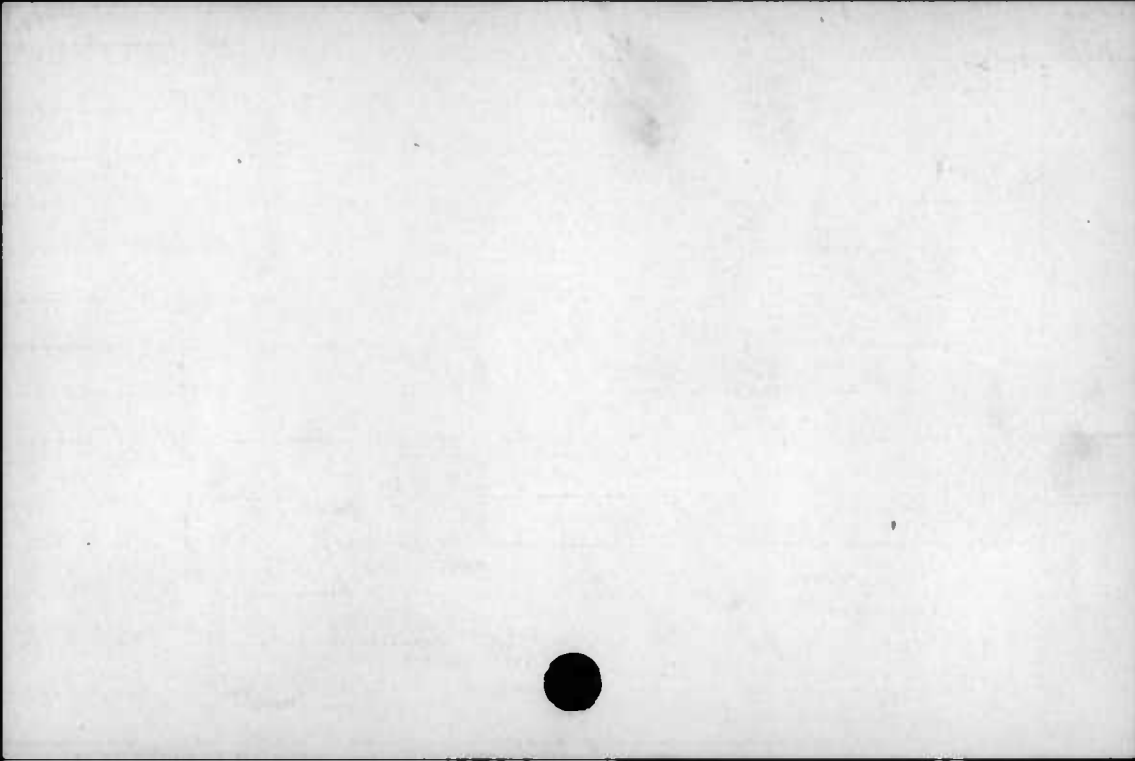
Died at <i>Georgetown</i>		Town <i>Georgetown</i>		County <i>A. A. Co</i>	
Date of death <i>1908</i>	Month <i>4</i>	Day <i>4</i>	Age <i>29</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>1106 Pinkney St-Baltimore</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>—</i>	<i>Unknown</i>		Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>—</i>	<i>Unknown</i>		Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>George Trepo</i>	How related to deceased <i>the deceased</i>				

## CAUSES OF DEATH

26

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis of throat &amp; glottis</i>	How long <i>Two months</i>
Immediate <i>Dyspnoea</i>	How long <i>ten minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. A. Hammond</i>
<i>9</i>	Address <i>Georgetown, Ind</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

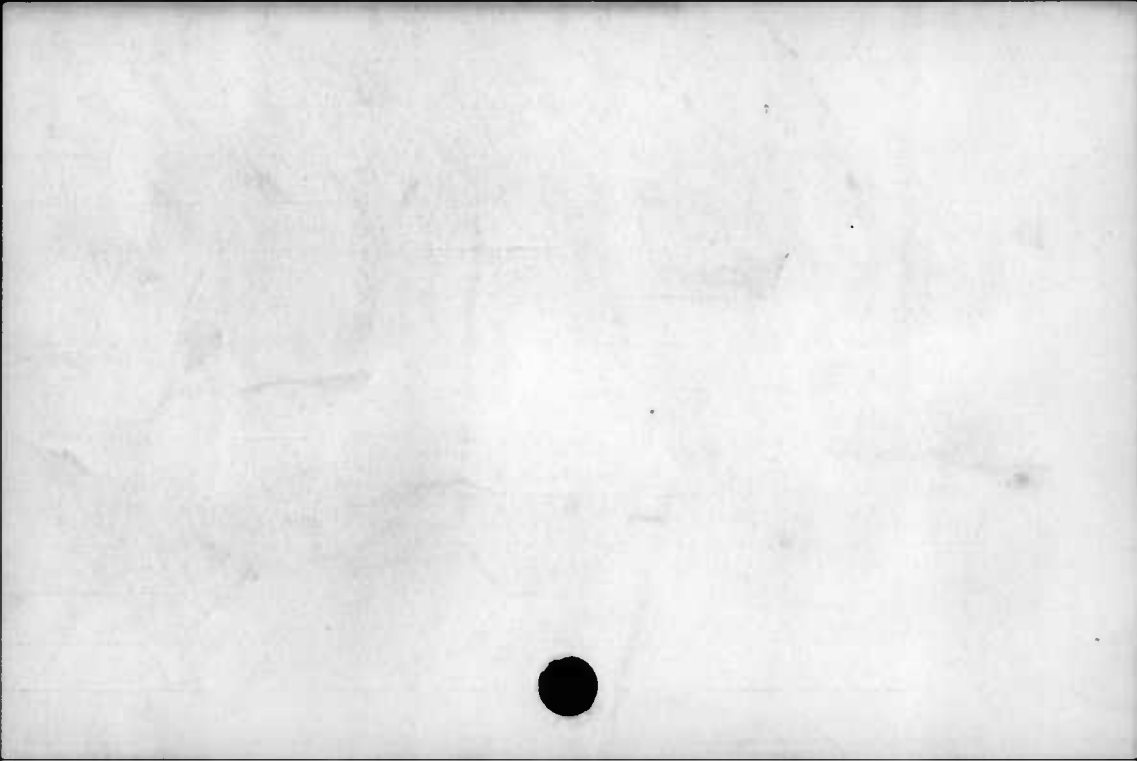
Name in Full <b>John H. Tucker</b>		Town <b>Annapolis</b>		County <b>Anne Arundel</b>		State <b>MARYLAND</b>	
Died at		Date of death <b>1908 April 18</b>		Age <b>89</b>		Months Days	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Washington D.C.</b>			
Occupation <b>C.R. Employee</b>		Where Residing if not at place of death					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Louise Tucker</b>					
Father's Name <b>Unknown</b>		Father's Birthplace					
Mother's Maiden Name <b>Unknown</b>		Mother's Birthplace					
Name of person giving information <b>Isaac Macher</b>		How related to deceased <b>Son-in-law</b>					

## CAUSES OF DEATH

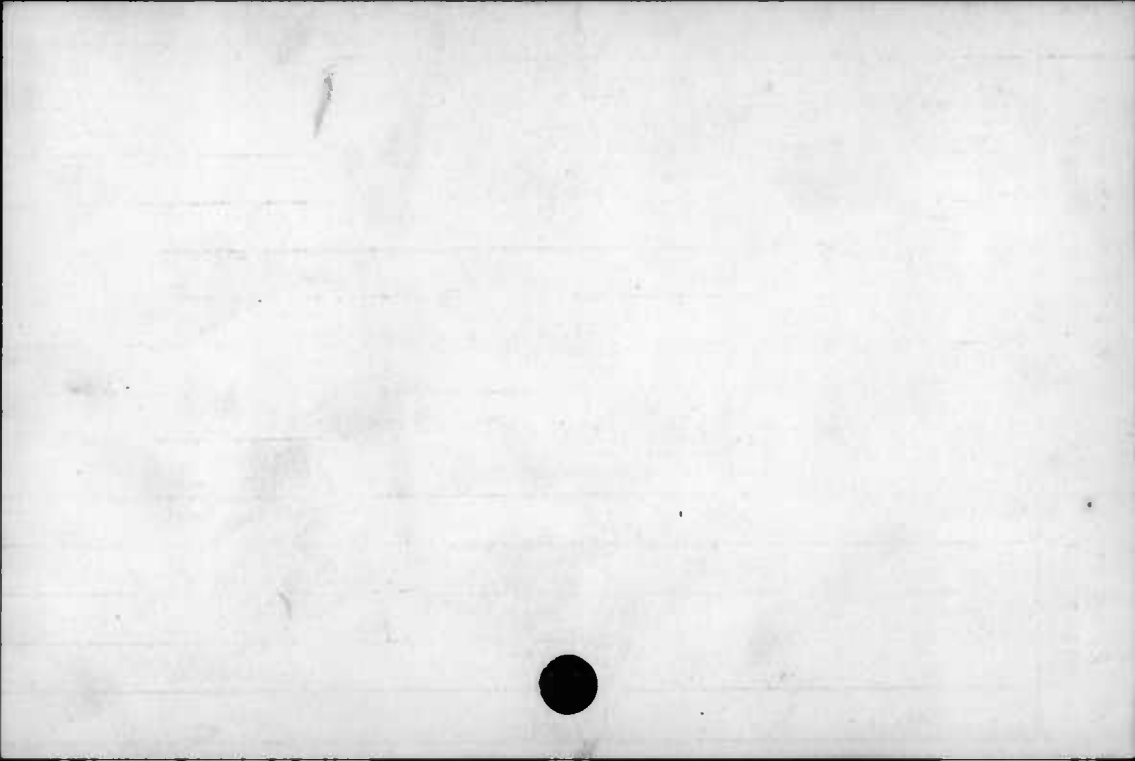
118

PHYSICIAN  
OR CORONER

Primary	<b>Appendicitis</b>	How long	<b>4 or 5 days</b>
Immediate	<b>Probable rupture of sac</b>	How long	<b>immediate</b>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<b>yes,</b>		<b>H. Clement Rooder M.D.</b>	
<b>So far as I know</b>		Address	
<b>Accident or Suicide?</b>		<b>9 St. John St Annapolis, Md</b>	



Name in Full		Emma, May. Maria. Tiers.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Eastport		County Anne Arundel	
		Date of death		Month April		Day 3	
		Age		Years 46		Months 0	
		Sex		Female		Color or Race White	
		Birth-place		Baltimore		Maryland	
Occupation		Housewife		Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband		Arthur. Gilton. Tiers.	
Father's Name		Philip. Samuel. Rutter				Father's Birthplace	
Mother's Maiden Name		Sophronia, Octavia, Etherington				Mother's Birthplace	
Name of person giving information		Annie L. Phelps				How related to deceased	
						79	
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary				How long	
		Cordiac Debilitation, Acute				12 hrs	
		Immediate				How long	
		" " "				"	
		Are the name, age, sex, color, date and place correctly given above?				yes	
		Signature of Physician				John P. Davis	
		Address				Annapolis, Md	
		Accident or Suicide?				no	



Name  
in  
Full

Mary E. Vansant

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Annapolis

County

D.C.

Date of death 1908 April

Month

Day

28

Age

Years

63

Months

Days

Sex Female

Color or  
Race

white

Birth-  
place

Baltimore

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widow

Name of Wife or  
Husband

Geo. H. Vansant

Father's  
Name

D. K. Kimball

Father's  
Birthplace

Mass.

Mother's  
Maiden Name

Mary Vickers

Mother's  
Birthplace

Mass.

Name of person giving  
Information

John Basil

How related  
to deceased

son in law

## CAUSES OF DEATH

78

PHYSICIAN  
OR CORONER

Primary

myocarditis

How long

Four years

Immediate

Syncope

How long

Instantaneous

Are the name, age, sex, color, date  
and place correctly given above?

I think so

Signature of  
Physician

H. Bennett (Bennett) M.D.

Address

95 St. John St.

Accident or Suicide?

—

Annapolis, Md.





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Masonville</i> Town <i>La</i> County <i>Co</i>		MARYLAND			
Date of death <i>1908</i>	Month <i>April</i>	Day <i>21</i>	Age <i>53</i>	Months <i>8</i>	Days <i>21</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Lizzie Wolf</i>				
Father's Name <i>Frank Wolf</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Connie</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Lizzie Wolf</i>	How related to deceased <i>Wife</i>				

## CAUSES OF DEATH

27

How long

*4 m o*

How long

PHYSICIAN  
OR CORONER

Primary

*Pulmonary Tuberculosis*

Immediate

*Exhaustion*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

Address

*Charles D. Brook*  
*Brook*

Accident or Suicide?



Name  
in  
Full

Frances M. Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>German town</u> Town		County <u>Atto</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>April</u>	Day <u>1st</u>	Age <u>1</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>col</u>		Birthplace		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Andrew Wright</u>			Father's Birthplace <u>Atto</u>		
Mother's Maiden Name <u>Eliza Wright</u>			Mother's Birthplace <u>W. Va</u>		
Name of person giving information <u>Mother</u>			How related to deceased <u>—</u>		

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	<u>Marasmus</u>	How long <u>Months</u>
Immediate	<u>Exhaustion</u>	How long <u>Gradual</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>John Ridout</u>
<u>Yes</u>		Address <u>Annapolis Md</u>
Accident or Suicide?		

